

Driving is usually resumed when comfortable, particularly when you are able to brake in an emergency, usually at the 6 to 8 week mark following surgery.

Returning to work can be dependant upon the activities of your employment, but is usually resumed at anywhere between 6 weeks to 6 months following surgery.

PHYSIOTHERAPY

Physiotherapy usually takes place within the hospital. Outpatient physiotherapy is generally not required, but can be discussed at your post-operative visit.

RISKS OF SURGERY

Risks include bleeding, requirement for blood transfusion, infection, wound healing problems, dislocation, difference in leg length, limp, blood clots (deep vein thrombosis and pulmonary embolism), damage to nerves and blood vessels.

All joint replacements will wear out as time goes on, but about 90% of joint replacements will last for up to 15 years. Failure from loosening and wear increases with the level of activity. Failure of your hip replacement may require replacement with a new prosthesis (revision surgery).

TOTAL HIP REPLACEMENT



Tayside OrthoSports

INTRODUCTION

Hip arthritis is a common cause of pain and immobility. The most common type is osteoarthritis, generally known as a wear and tear of the joint. It commonly occurs in people above 60 years of age. In the younger population it can be due to trauma or inflammatory joint disease (such as rheumatoid arthritis).

When non-operative methods of treatment fail to control the pain, then a total hip replacement can be considered. Total hip replacement surgery has been around for over the past 30 years. Currently, over 30,000 people a year in Australia undergo hip replacement surgery. It is a very successful operation in alleviating pain and increasing patient mobility.

TOTAL HIP REPLACEMENT

The hip is a ball and a socket joint. It has the ability to move in all directions. In joint replacement surgery, the ball is replaced by a metal stem with a ball articulation and this fits inside the thigh bone (femoral component). The socket (acetabular component) is replaced by a plastic (polyethylene) lined cup.

The typical coupling is a metal ball and polyethylene cup. Ceramic can also be used or metal on metal.

BEFORE SURGERY

Your surgeon will undertake a number of tests to ensure that you are suitable to undergo surgery. You will require blood and urine tests, chest X-ray and an ECG (heart tracing). You may require a prior meeting with your anaesthetist for further assessment. There is also the option to donate your own blood (autologous blood) prior to surgery. Anti-inflammatory medications such as Aspirin, Brufen, Voltaren, etc. should be stopped 10 days before surgery. If you are taking any blood thinners, for example, Warfarin, Plavix or Iscover, stopping these should be discussed with your surgeon. It is ideal if smoking can be ceased prior to surgery.

It is also advisable to prepare circumstances at home prior to your surgery, as there will be a period of recovery and rehabilitation following your surgery. Arranging for family and friends to assist you in the home setting is highly recommended. You should ensure that there is adequate clearance in the home to enable you to use a walking stick or walking frame.

It is important that you organise family and friends to assist you with transport, as you will not be able to drive for at least 6 weeks.

SURGERY

Surgery requires a general or spinal anaesthetic. After your surgery, you will go to recovery and you may be away from the ward for 4 to 5 hours. You

will receive specialist nursing care on the first night and may spend some time in a High Dependency Ward. Sometimes there is a drainage tube coming from the surgical site. You will also have a drip (IV infusion) set up for fluids and possibly a machine providing you with pain relief.

On the first day after surgery, the staff will assist you with standing up and you will commence walking. Further exercises will be introduced with the assistance of your physiotherapist. Once you are independently mobile, you are able to be discharged from the hospital. This is usually around 5 to 7 days from your surgery.

Occasionally patients do require a longer course of rehabilitation and this can be undertaken at a rehabilitation centre. Most patients are independently mobile with the aid of a walking frame or two walking sticks on discharge from hospital.

AFTER SURGERY

You will require blood thinners to lessen the risk of blood clots, even after discharge from hospital.

It is important to maintain mobility once you are discharged from hospital. Most people return to low impact activities such as walking, golfing, bowling and swimming at 3 months following their surgery. High impact activities, such as jogging or running are not allowed. Whilst your hip has been replaced, it is artificial, and like all materials will fail under excessive use.

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